Individual Amended Return

1997

Mail to: Arizona Department of Revenue, PO Box 29002, Phoenix AZ 85038-9002

For calendar year 19 or fiscal year beginning, 19 and ending, 19 66											
First n	ame and initial - If joint return also give spouse's name & initial	Last r	name				Your social s	ecurity	/ numbe	r 	
	t home address - number and street, including apartment number or rural rou	ute Apt. No	0.	Daytime te	lephon	е	Spouse's so	cial sec	curity nu	mber	
City, town or post office State ZIP code Hon			me telephone				For D	OR use	only		
3 Name	94 and address on original return (if same, write "Same")	()									
	Check box to indicate both filing status and residency status	1	R	Original On This eturn Return	88						
Filing Status	4 Married filing joint return5 Head of household - name of qualifying dependent		5								
Sta	Married filling separate return. Enter spouse's social security num	nher	3		1						
ling	above and full name here		6		81						
E	7 Single		7			Check only	/ one:	97			
	8 Resident		8		Check only one: 97 Form 140					1	
Residency Status	9 Nonresident		9		Form	Form 140NPR				3	
sidency Status	10 Part-year resident		10		- 물 Form 140NR - 물 Form 140PY					····· 4	
Res S	11 Part-year resident active military		11		Original	Enter corre	ected percentag	ge of			%
	12 Nonresident active military		12			Arizona res	sidency if 140N	IPR, NI	R, OF PY		70
ncome				<i>unt</i> AMOU	(a) NT REPO	ORTED	(b) AMOUNT TO	BE		(c) CORRECTED	
	in columns (a), (b) and (c) for lines 13 through 17 and lines 19,			ON	ORIGIN		ADDED (SUBTRA		40	AMOUNT	
See	13 Federal adjusted gross income/Arizona gross income					\rightarrow			13		
nstructio	, ,					+++			14 15		_
	15 Deductions (Itemized or Standard)					$\overline{}$			16		
	16 Personal exemptions								17		_
	40 T (able (140 or 140	Δ)		18		
Figurin Your	19 Tax from recapture of credits from Arizona Form 301, Par				J Sidb	110 01 110	7.4		19		-
Tax	20 Subtotal of tax. <i>Add lines 18 and 19, column (c)</i>								20		
·un	21 Family income tax credit (1995, 1996 or 1997)								21		
	22 Credits: from Arizona Form 301, Part II								22		
	23 Credit type - enter form number of each credit claimed				3		3				
24 Total credit. Add lines 21 and 22, column (c)								24			
	25 Total tax. Subtract line 24 from line 20. If line 24 is more to	han line 20,	enter	zero					25		
Paymei	its/ 26 Payments (withholding, estimated, or extension). See pag	26 Payments (withholding, estimated, or extension). See page 2, Part III A							26		
Credits		27 Property tax credit							27 28		
	28 Payment with original return. Plus all payments after it was29 Total payments and property tax credit. Add lines 26, thro								29		
Refund									30		
ax Du	31 Balance of credits. Subtract line 30 from line 29								31		
	32 REFUND/CREDIT DUE. If line 25 is less than line 31, sub	btract line 25	from	line 31 and	enter	refund/cred	dit amount		32		
Attach	33 Amount to be applied to 1998 estimated tax. If zero, enter	· "0"							33		
heck o	34 AMOONT OWED. II lille 23 is more than lille 31, subtract	34 AMOUNT OWED. If line 25 is more than line 31, subtract line 31 from line 25 and enter amount owed							34		\perp
noney order									DOD III	CE ONLY	
nuci		36 Is this amended return the result of a net operating loss?							82	SE ONLY	<u></u>
	If yes, check the box. YES						11 11 6 11			<u> </u> 9	
		I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they ar Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								ect and comp	iete.
	Your signature										
Please											
Sign	Spouse's signature	Date			Sp	ouse's occu	pation				
Here				•							
Paid	Preparer's signature	Date		Firm's nam	ne (prej	parer's if self	f-employed)				
Prepar				1							
Information Preparer's TIN Preparer's address											

PART I Exemptions	1 Age 65 or over			(a) Number Reported	(b) Net Change	(c) Corrected Number					
Do not list yourself or spouse as dependents	2 Blind	er dependentsd other dependents related to you.									
	List children and other dependents. If more space is needed, attach a separate sheet.										
	First name Last name Social security		Social security number	er Relai	tionship	No. of months lived in your home					
	For 1996 and 1997, enter the nar (1) The dependent's income was (2) The dependent filed a joint fec (3) You claimed the dependent un	or more than the federal exemption leral return with his/her spouse	on amount for the year.	ur dependent on yo							
PART II Income, Deductions, and Credits	List the line reference from page 1 for If the change(s) pertain(s) to an IRS attach a copy, plus all supporting sc	audit, please attach a copy of age									
PART III	A. Payments	Date of	B. Payments		Date of						
Payments	(Withholding, Est., Ext.) 5 Estimated payment	Payment Amoun Form(s) W-2 ax year d enter here and	13 Payment with 14 Payment 15 Payment 16 Payment 17 Payment 18 Payment 19 Total. Add line	original return	Payment d enter here and						